

Form for Guest Room Booking

Date: _____

1. Name: _____

2. Phone No: _____

3. Email ID: _____

4. Name of the Guests: (a) _____ Gender: _____
(b) _____ Gender: _____
(c) _____ Gender: _____
(d) _____ Gender: _____
(e) _____ Gender: _____

(For more than 5 guests, kindly use Annexure 1)

5. Permanent Address: _____

6. Address Proof document: _____
(Pan/Voter ID/Driving License/Institute ID)

7. Period of Stay: From _____ to _____

8. Purpose of Visit: _____

(Signature with date)

PI/Faculty Advisor
(Name & Signature with date)
date)

Signature of HoD/DUGC/DPGC
(Name & Signature with
date)

Approved/ Not Approved

Chief Warden

For Hostel Use

Unit & Room No: _____

Hostel: _____

From: _____ to _____

Amount: _____

Payment Receipt No/ UTR: _____

Annexure 1
(To be filled in case of more than 5 guests)

<u>Sr. No.</u>	<u>Name</u>	<u>Gender</u>	<u>Occupation/ Designation</u>	<u>Remarks</u>

Applicant Signature with date

Recommended/ Not Recommended

Warden
(Name & Signature with date)

Approved/ Not Approved

Chief Warden